

AMENDED IN ASSEMBLY APRIL 18, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 1339

Introduced by Assembly Member Torrico

February 23, 2007

An act to amend ~~Section 4369.3~~ of Sections 4369.1, 4369.2, and 4369.3 of, to add Section 4369.5 to, and to repeal Section 4369.4 of, the Welfare and Institutions Code, relating to problem and pathological gambling.

LEGISLATIVE COUNSEL'S DIGEST

AB 1339, as amended, Torrico. Problem and pathological gambling.

Existing law establishes the Office of Problem and Pathological Gambling within the State Department of Alcohol and Drugs Programs for the purpose of developing a problem gambling prevention program, including, but not limited to, a public awareness campaign, and requires the office to develop a statewide plan to address problem and pathological gambling.

This bill would *specify the programs to be included in the plan, would* require the plan to serve as the state's strategic plan for the prevention, intervention, and treatment of problem and pathological gambling behaviors, and would require that the plan be updated periodically, at the discretion of the office.

This bill would establish the Problem Gambling Advisory Board and would set forth its advisory duties. The bill would require the office to develop its first strategic plan and to deliver it to the Governor and the Legislature by January 1, 2009.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. Section 4369.1 of the Welfare and Institutions*
2 *Code is amended to read:*

3 4369.1. As used in this chapter, the following definitions shall
4 apply:

5 (a) “Department” means the State Department of Alcohol and
6 Drug Programs.

7 (b) “Director” means the director of the department.

8 ~~(b)~~

9 (c) “Office” means the Office of Problem and Pathological
10 Gambling.

11 ~~(e)~~

12 (d) “Pathological gambling disorder” means a progressive
13 mental disorder meeting the diagnostic criteria set forth by the
14 American Psychiatric Association’s Diagnostic and Statistical
15 Manual, Fourth Edition.

16 ~~(d)~~

17 (e) “Problem gambling” means participation in any form of
18 gambling to the extent that it creates a negative consequence to
19 the gambler, the gambler’s family, place of employment, or
20 community. This includes patterns of gambling and subsequent
21 related behaviors that compromise, disrupt, or damage personal,
22 family, educational, financial, or vocational interests. The problem
23 gambler does not meet the diagnostic criteria for pathological
24 gambling disorder.

25 ~~(e)~~

26 (f) “Problem gambling prevention programs” means programs
27 designed to reduce the prevalence of problem and pathological
28 gambling among California residents. These programs shall
29 include, but are not limited to, public education and awareness,
30 outreach to high-risk populations, early identification—and,
31 responsible gambling, *problem gambling treatment, and problem*
32 *gambling consumer protection* programs.

33 (g) “Problem gambling consumer protection programs” means
34 *protections, including, but not limited to, self-exclusion programs*
35 *for patrons, programs recommending socially responsible manners*
36 *of advertising, policies for locating responsible gambling*
37 *information and material in conspicuous locations, and policies*

1 *regarding the location of automated teller machines (ATM) in*
2 *casinos.*

3 *(h) “Advisory board” means the Problem and Pathological*
4 *Gambling Advisory Board established pursuant to Section 4369.5.*

5 *(i) “Problem gambling treatment services” means programs*
6 *that provide direct treatment services to the problem and*
7 *pathological gambler and directly involve family members to*
8 *reduce or eliminate addictive problem gambling behavior.*

9 *(j) “Strategic plan” means a comprehensive strategy for the*
10 *research of, and the prevention, detection, intervention, treatment,*
11 *and elimination of, pathological and problem gambling.*

12 *(k) “Early intervention” means a limited-term strategy offered*
13 *with the aim of assisting an individual to prevent, reduce, or end*
14 *problem gambling behavior. Early intervention services may be*
15 *provided in person, by telephone, online, by printed materials, or*
16 *by a combination of these activities designed for the “at-risk”*
17 *gambler and are the least restrictive form of services.*

18 *SEC. 2. Section 4369.2 of the Welfare and Institutions Code*
19 *is amended to read:*

20 *4369.2. (a) The office, in consultation with the advisory board,*
21 *shall develop a problem gambling prevention program, which shall*
22 *be the first priority for funding appropriated to this office. The*
23 *prevention program shall be based upon the allocation priorities*
24 *established by the department pursuant to the strategic plan and*
25 *subject to funding being appropriated for the purpose of this*
26 *subdivision, and shall consist of all of the following:*

27 *(1) A multilingual toll-free telephone service for immediate*
28 *crisis management and containment with subsequent referral of*
29 *problem and pathological gamblers to health providers who can*
30 *provide treatment for gambling related problems and to self-help*
31 *groups.*

32 *(2) Public awareness campaigns that focus on prevention and*
33 *education among vulnerable populations and the general public*
34 *including, for example, dissemination of youth oriented preventive*
35 *literature, educational experiences, outreach programs, and public*
36 *service announcements in the media. Outreach programs may*
37 *include, but are not limited to, telephone sessions preparing the*
38 *client or the family members for treatment, face-to-face sessions*
39 *educating family members on their role in recovery, psychosocial*

1 *support for family members, and psychoeducational sessions for*
2 *the client and family.*

3 (3) Empirically driven research programs focusing on
4 epidemiology/prevalence, etiology/causation, and best practices
5 in prevention and treatment. *Research programs shall be designed*
6 *to continually identify the most effective methods of preventing*
7 *and treating gambling addiction and programs that monitor the*
8 *impact of gambling activities and the effectiveness of the prevention*
9 *and treatment programs. These programs shall include quality*
10 *research projects that provide recommendations to incorporate*
11 *the results of research into the strategic plan in a timely and*
12 *effective manner. Pertinent studies shall seek to include short- and*
13 *long-term studies and longitudinal studies for a smaller percentage*
14 *of the client population to measure the impact and efficacy of*
15 *treatment services over an extended period of time.*

16 (4) Training of health care professionals and educators, and
17 training for law enforcement agencies and nonprofit organizations
18 in the identification of problem gambling behavior and knowledge
19 of referral services and treatment programs.

20 (5) Training of gambling industry personnel in identifying
21 customers at risk for problem and pathological gambling and
22 knowledge of referral and treatment services.

23 (b) (1) The office shall develop a program to support treatment
24 services for California residents with problem and pathological
25 gambling issues. The program shall be based upon the allocation
26 priorities established by the department *pursuant to the strategic*
27 *plan* and subject to funding being appropriated for the purposes
28 of this subdivision. These priorities shall also be based on the best
29 available existing state programs as well as on continuing research
30 into best practices and on the needs of California. The treatment
31 program shall consist of all of the following components:

32 ~~(1)~~

33 (A) Treatment services for problem and pathological gamblers
34 and directly involved family members. These treatment services
35 ~~will~~ *shall* be created through partnerships with established health
36 facilities that ~~can~~ *demonstrate the ability and capacity to provide*
37 *evidence-based and culturally competent* treatment for gambling
38 related problems, substance abuse facilities, and providers. State
39 funded treatment may include, but is not limited to, the following:
40 self-administered, home-based educational programs; outpatient

1 treatment; residential treatment; and inpatient treatment when
2 medically necessary.

3 ~~(2)~~

4 (B) A funding allocation methodology that ensures treatment
5 services are delivered efficiently and effectively to areas of the
6 state most in need.

7 ~~(3)~~

8 (C) Appropriate review and monitoring of treatment programs
9 by the director of the office, *the advisory board*, or a designated
10 institution, ~~including that shall have demonstrated the ability to~~
11 *evaluate treatment programs. The evaluation shall include grant*
12 *oversight and monitoring, standards for treatment, and outcome*
13 *monitoring.*

14 ~~(4)~~

15 (D) Treatment efforts shall provide services that are relevant to
16 the needs of a diverse multicultural population with attention to
17 groups with unique needs, including female gamblers, underserved
18 ethnic groups, the elderly, *youth, young adults*, and the physically
19 challenged.

20 (2) (A) *Problem gambling treatment programs shall utilize*
21 *existing gambling treatment service providers as well as expanding*
22 *the role of some of the existing substance-abuse treatment agencies*
23 *and other qualified disciplines, community-based organizations,*
24 *and other entities, who demonstrate the ability and capacity to*
25 *provide evidence-based and culturally competent treatment*
26 *services.*

27 (B) *These programs may include treatment services to problem*
28 *gamblers, their spouses and family, programs for special*
29 *populations such as women, seniors, youth, young adults, and*
30 *underserved ethnic groups, and programs for treating multiple*
31 *addictions.*

32 (C) *Outpatient treatment approaches may include*
33 *cognitive-behavioral therapy, motivational interviewing, relapse*
34 *prevention, psychodynamic therapy, and supportive psychotherapy.*

35 (D) *Case management functions may include maintaining a*
36 *centralized, systematic screening, assessment, coordination, and*
37 *tracking of services and outcomes.*

38 (E) *The programs may also include inpatient treatment and*
39 *rehabilitation services for residents in a temporary or permanent*
40 *residential setting for chemical dependency, mental health, or*

1 *domestic violence who demonstrate the ability and capacity to*
2 *provide evidence-based and culturally competent services for*
3 *clients with cooccurring disorders.*

4 (c) The office shall make information available as requested by
5 the Governor and the Legislature with respect to the comprehensive
6 program.

7 (d) *The office shall develop its first strategic plan and deliver*
8 *the plan to the Governor and the Legislature, by January 1, 2009.*

9 **SECTION 1.**

10 SEC. 3. Section 4369.3 of the Welfare and Institutions Code
11 is amended to read:

12 4369.3. (a) In designing and developing the overall program,
13 the office, *in consultation with the advisory board*, shall do all of
14 the following:

15 ~~(a)~~

16 (1) Develop a statewide plan to address problem and
17 pathological gambling. The statewide plan shall serve as the state's
18 strategic plan for the prevention, intervention, ~~and treatment~~
19 *treatment, and research* of problem and pathological gambling
20 behaviors. The statewide plan shall be updated periodically, at the
21 discretion of the office, as goals are accomplished or modified, or
22 as additional funding or information becomes available.

23 ~~(b)~~

24 (2) Adopt any regulations necessary to administer the program.

25 ~~(c)~~

26 (3) Develop priorities for funding services and criteria for
27 distributing program funds.

28 ~~(d)~~

29 (4) Monitor the expenditures of state funds by agencies and
30 organizations receiving program funding.

31 ~~(e)~~

32 (5) Evaluate the effectiveness of services provided through the
33 program.

34 (6) *Pursue policy changes and funding requests to achieve the*
35 *goals and objectives of the strategic plan.*

36 (7) *Evaluate annual program funding needs consistent with the*
37 *strategic plan, and develop an equitable funding request from all*
38 *gaming interests throughout California.*

39 (8) *Coordinate and work with any other agency that regulates*
40 *casino gambling or cardrooms within the state or other entities*

1 *involved in gambling and the treatment of problem and*
2 *pathological gamblers.*

3 ~~(f)~~

4 (b) Notwithstanding any other provision of law, any contracts
5 required to meet the requirements of this chapter are exempt from
6 the requirements contained in the Public Contract Code and the
7 State Administrative Manual, and are exempt from the approval
8 of the Department of General Services.

9 ~~(g)~~

10 (c) The first and highest priority of the office with respect to
11 the use of any funds appropriated for the purposes of this chapter
12 shall be to carry out *paragraph (1) of subdivision (a).*

13 ~~(h)~~

14 (d) Administrative costs for the program may not exceed 10
15 percent of the total funding budgeted for the program.

16 *SEC. 4. Section 4369.4 of the Welfare and Institutions Code*
17 *is repealed.*

18 ~~4369.4. All state agencies, including, but not limited to, the~~
19 ~~California Horse Racing Board, the California Gambling Control~~
20 ~~Commission, the Department of Justice, and any other agency that~~
21 ~~regulates casino gambling or cardrooms within the state, and the~~
22 ~~Department of Corrections, the California Youth Authority, the~~
23 ~~State Departments of Health Services, Alcohol and Drug Programs,~~
24 ~~and Mental Health, and the California State Lottery, shall~~
25 ~~coordinate with the office to ensure that state programs take into~~
26 ~~account, as much as practicable, problem and pathological~~
27 ~~gamblers. The office shall also coordinate and work with other~~
28 ~~entities involved in gambling and the treatment of problem and~~
29 ~~pathological gamblers.~~

30 *SEC. 5. Section 4369.5 is added to the Welfare and Institutions*
31 *Code, to read:*

32 *4369.5. (a) The Problem and Pathological Gambling Advisory*
33 *Board is hereby established, consisting of 29 members as follows:*

34 (1) *Director of the department, or his or her designee, who shall*
35 *serve as the chair.*

36 (2) *Director of the Division of Addiction and Recovery Services*
37 *within the Department of Corrections and Rehabilitation, or his*
38 *or her designee.*

39 (3) *Director of the California Youth Authority, or his or her*
40 *designee.*

- 1 (4) *Director of Mental Health, or his or her designee.*
2 (5) *Director of Health Care Services, or his or her designee.*
3 (6) *Director of Finance, or his or her designee.*
4 (7) *Executive Director of the California Horse Racing Board,*
5 *or his or her designee.*
6 (8) *Executive Director of the California Gambling Control*
7 *Commission, or his or her designee.*
8 (9) *Director of the Division of Gambling Control within the*
9 *Department of Justice, or his or her designee.*
10 (10) *Director of the California State Lottery Commission, or*
11 *his or her designee.*
12 (11) *Six representatives from gambling related, mental health,*
13 *and substance abuse treatment service providers appointed by the*
14 *director. No more than two of the representatives may be gambling*
15 *related, mental health, or substance abuse treatment providers.*
16 (12) *Five representatives from the gambling industry appointed*
17 *by the director.*
18 (13) *Two representatives from local government appointed by*
19 *the director.*
20 (14) *Two representatives of academia that have a specialty in*
21 *addiction research appointed by the director.*
22 (15) *Two consumers of problem gambling treatment services*
23 *appointed by the director.*
24 (16) *Two representatives of the Legislature, one appointed by*
25 *the President pro Tempore of the Senate and one appointed by the*
26 *Speaker of the Assembly.*
27 (b) *The director shall make appointments to the advisory board*
28 *by June 30, 2008.*
29 (c) *The director shall convene the advisory board at least once*
30 *every 3 months, or more frequently as needed.*
31 (d) *Membership of the advisory board shall not exceed a*
32 *representation of more than 25 percent from the gambling industry.*
33 (e) *The advisory board may establish subcommittees to examine*
34 *in more detail issues related to problem and pathological gambling.*